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Sir,

Exposure to verteporfin and bevacizumab therapy for choroidal neovascularization secondary to punctate inner choroidopathy during pregnancy

A pregnant woman diagnosed with choroidal neovascularization (CNV) secondary to punctate inner choroidopathy was treated with verteporfin and bevacizumab, without fetal side effects.

A 24-year-old healthy myope presented with blurred vision in her right eye, with a visual acuity (VA) of 20/40 in the right eye and 20/25 in the left. Funduscopic findings revealed peripapillary chorioretinal plaques bilaterally, and an elevated grey subfoveal lesion RE. Fluorescein angiography confirmed right eye CNV and multiple punctate peripapillary and midperipheral hyperfluorescences.

After explaining the treatment options, she underwent PDT. Twelve days later, we were informed that βHCG levels and an ultrasound were consistent with a fourth week pregnancy, indicating exposure to PDT 1- to 2-week postconception. The patient was informed of possible risks related to her drug exposure.

Subsequently, right eye VA decreased to 20/70, and a thickened CNV was evident on FA with subfoveal fluid on OCT. After discussing treatment options, she underwent intravitreal injection of 1.25 mg bevacizumab (Avastin, Genentech, San Francisco, CA, USA) 3-month postconception. VA improved to 20/30, the macular lesion became a small atrophic scar, with stable OCT scans and VA throughout follow-up, until 3-month postpartum.

The pregnancy continued under observation. Two fetal ultrasounds were normal, and she delivered a healthy infant at term, without congenital anomalies then or at a 3-month follow-up examination.

A teratogenic effect of verteporfin exposure was found in rat fetuses at 40–125 times the human dose.[1] The risk of fetal exposure to activated verteporfin is smaller, and it is also not exposed to activating light. De Santis *et al*[2] reported verteporfin exposure in the first week postconception in a woman who had a healthy child.

Systemic bevacizumab is teratogenic in rabbits in doses twice the recommended intravenous human dose.[1] Our patient was exposed to intravitreal bevacizumab during the second trimester. Data from Genentech concerning ranibizumab ($\sim$50 kD) revealed unmeasurable serum concentrations following intravitreal administration. This is expected to be even lower for the higher molecular weight bevacizumab. Nevertheless, minimal systemic absorption should be suspected, and although the drug could not cross the placenta barrier due to its high molecular weight ($\sim$149 kD), a theoretical effect on placental vaculature was kept in mind.[3]

Although exposed to verteporfin and bevacizumab, our patient and the fetus had no side effects. Obviously, verteporfin or bevacizumab treatment should be used with caution during pregnancy.

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Sir,

Fat-forming variant of solitary fibrous tumour of the orbit: the entity previously known as lipomatous haemangiopericytoma

The fat-forming variant of solitary fibrous tumour (SFT) previously known as lipomatous haemangiopericytoma is a distinctive soft tissue tumour composed of haemangiopericytoma-like areas interspersed with mature adipose tissue. Around 40 cases have been reported in the literature.[1] These tumours usually occur in deep soft tissue and only three orbital cases have been described.[1–3]

Case report

A 49-year-old woman presented with acute left eye pain, epiphora, and proptosis. There was a history of thyroid eye disease and bilateral proptosis that had required orbital decompression and low-dose radiotherapy 6 years previously.